

## **Certified Peer Recovery Specialist**

### **Letter of Professional/Personal Reference**

*The applicant named below is applying for certification as a Peer Recovery Specialist with the State of Tennessee. You have been chosen by the applicant to provide a professional or personal reference. If you have any questions about how to complete this application, contact the Peer Recovery Coordinator at 800-560-5767 or [cprs.tdmhsas@tn.gov](mailto:cprs.tdmhsas@tn.gov).*

*\*\*Please note that pursuant to Tenn. Code Ann. § 10-7-503, all state records are considered open for public inspection, unless otherwise protected under the law. Accordingly, the State cannot and does not guarantee the confidentiality of this application, any notes, files, reports or other documents received by the State or in possession of the State in conjunction with this application.*

Applicant's name \_\_\_\_\_

Describe the nature of your professional/personal relationship with the applicant and how long you have known him or her.

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Describe your knowledge of the applicant's work (paid or volunteer) providing peer recovery services. For examples of peer recovery services, see the Scope of Activities in the CPRS Handbook here:

<https://www.tn.gov/content/dam/tn/mentalhealth/documents/cprs/Certified%20Peer%20Recovery%20Specialist%20Handbook%20March%202019.pdf>. *Note: it is a violation of the CPRS Code of Ethics for CPRS's to provide clinical treatment services.*

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Describe your knowledge of the applicant's strengths that will make the applicant a good candidate for becoming a Certified Peer Recovery Specialist.

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Provide any additional information pertinent to this applicant.

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**Reference Contact Information**

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Title \_\_\_\_\_

Agency/Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone (with area code) \_\_\_\_\_

Email \_\_\_\_\_

My signature below affirms that all of the information contained in this document is true.

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_